

# “To D or not to D? That is the question”

Talking about dialysis: Use of Best Case/Worst Case<sup>1</sup> communication tool.  
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Patients who are older, frail and have complex medical problems have a low physiological reserve to tolerate serious acute illness which can have life-changing effects.

Illnesses and certain treatments impact functional status and may cause loss of independence.

Some of these treatments may be inconsistent with the values and goals of many older patients and can be burdensome.

Unfortunately, in some situations, the decision to proceed with dialysis can lead to unwanted care and conflict between physicians, patients, and families.

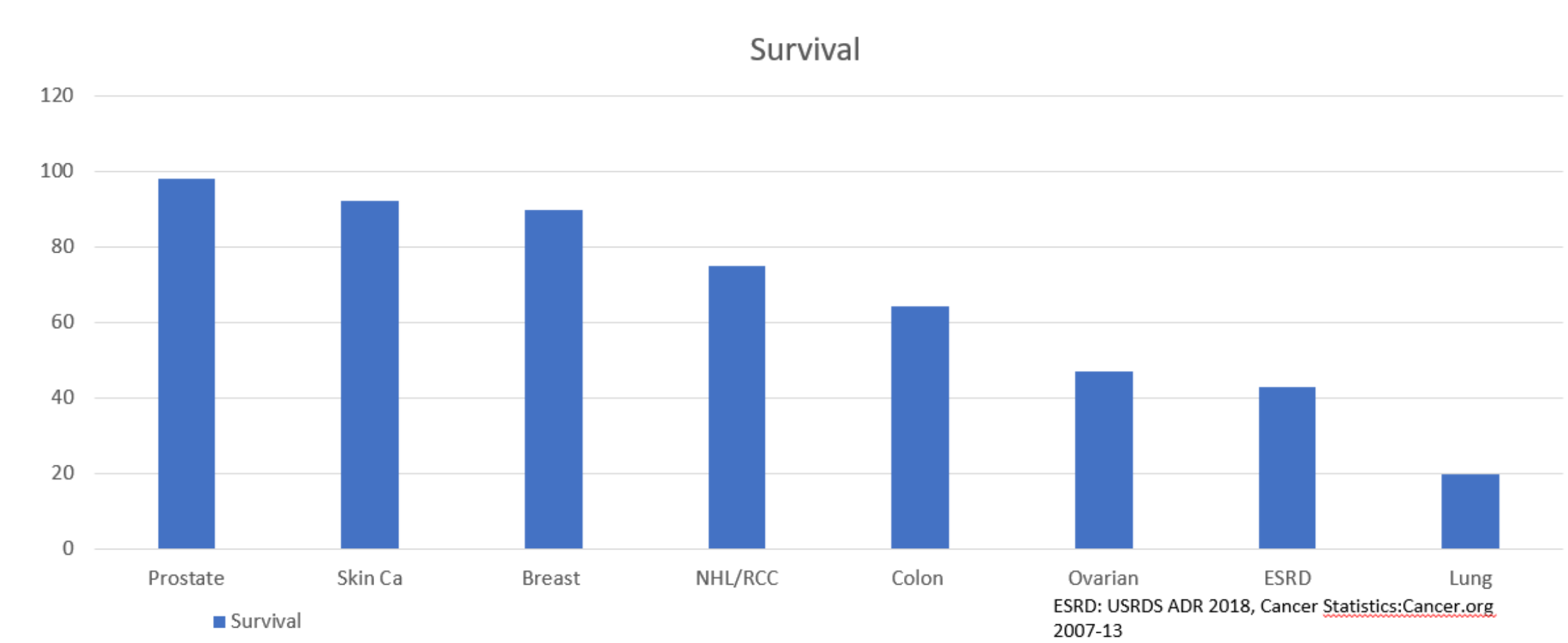
Physicians commonly use statistics to describe the risks involved with dialysis which is not enough in providing an idea of their expected experience, adverse outcomes or anticipate expected downstream consequences that can result in unwanted aggressive treatments

AKI: Patients in the intensive care unit (ICU) who develop AKI requiring dialysis, reported mortality rates range from 40 to >60 percent<sup>2-4</sup>.

Mortality in 1<sup>st</sup> year of Dialysis for >65-year-old, 40%\*.

Long Term\*:

5-year survival.



## WHAT IS THE BEST CASE/WORST CASE COMMUNICATION TOOL?

BEST Case/ WORST case (BC/WC)<sup>1</sup> scenario is a communication tool developed by Dr Campbell, Dr Schwarze and their research group at the University of Wisconsin Madison<sup>1</sup> to help communicate with patients about decision making regarding serious illness as well as decision making about dialysis.

It is intended for face-to-face discussions about dialysis in the context of other serious illnesses or advanced kidney disease.

BC/WC is an intervention to support decision making that builds on the conceptual model of shared decision making and uses scenarios to help patients and families imagine what life might look like if they had dialysis or not.

BC/WC combines narrative description and a handwritten graphic aid to illustrate a choice between treatments and to engage patients and families in deliberation.

1.Know the patient and their family: talk about how their life is right now, assess their functional status

2.Break bad news: important

3.Talk about 2 options:

LIFE WITH dialysis and LIFE WITHOUT dialysis. For each talk about

The Best-case scenario: What would life look like?

A.long term outcome(s). TELL A STORY!

B.short term implications

C.orient this into patient’s overall health and prognosis

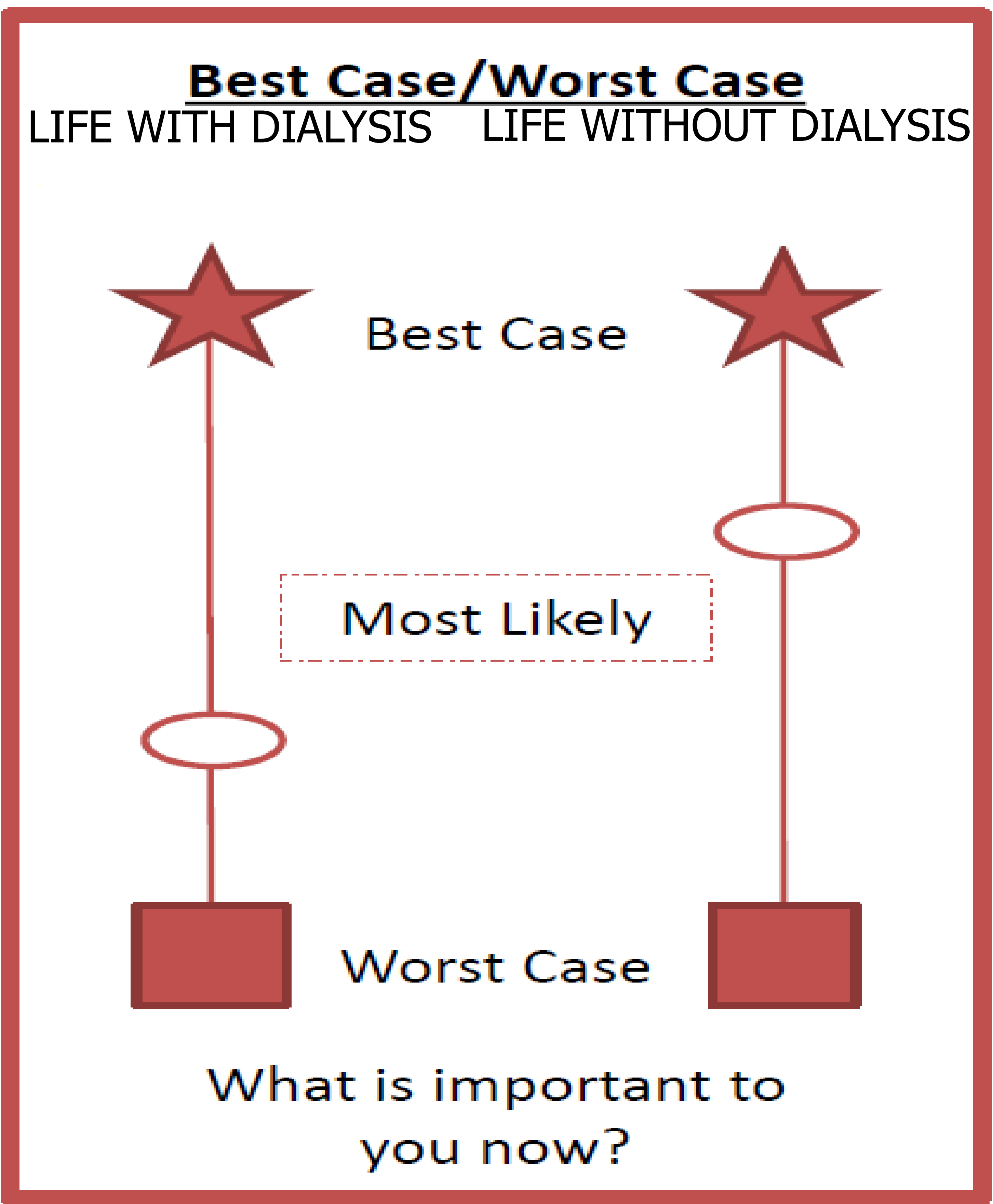
4.avoid euphemisms

5.Talk about most likely situation in both options.

6. ASK:

HOW ARE YOU THINKING ABOUT THIS?

## 7. MAKE A RECOMMENDATION



### References

1.Schwarze ML/TobyCampbell. "Best Case/Worst Case Training Program." UW - Madison Department of Surgery; 2016. And Toby Campbell MD (Palliative Care Physician at UW Madison(with permission) and their research group. HipxCHANGE, UW Madison  
2.Schiff H. Renal recovery from acute tubular necrosis requiring renal replacement therapy: a prospective study in critically ill patients. Nephrol Dial Transplant 2006; 21:1248  
3.BagshawSM, LauplandKB, Doig CJ, et al. Prognosis for long term survival and renal recovery in critically ill patients with severe acute renal failure: a Population-based study, Crit Care 2005; 9:R700  
4.Uchino S, Kellum JA, Bellomo R, et al. Acute renal failure in critically ill patients: a multinational, multicenter study.JAMA 2005; 294:813